

CASH TRANSFER INPUT FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller
 Revised 8/2/01

Document ID						
Trans CT	Dept	R/Org	Number	CT Date	Acctg Prd	Bud FY
Action: Entry (E) Modify (M)			Bank Account		Cash Account	
Comments					Document Total	

Reference Receivable Number															
LN	Trans	Dept	Org #	Number	LN	Fund	Dept	Appropriation	Sub	Org Code	Sub/Org	Rev Srce	S/Rev	Prog	Type
	RE														
PRJ/CL/GRC				ACTV	Rept Cat	Customer Code			Cust Loc	Cust Type	Customer Name			Remit To	
Line Amount				I/D	Method of Receipt	Description									

Reference Receivable Number															
LN	Trans	Dept	Org #	Number	LN	Fund	Dept	Appropriation	Sub	Org Code	Sub/Org	Rev Srce	S/Rev	Prog	Type
	RE														
PRJ/CL/GRC				ACTV	Rept Cat	Customer Code			Cust Loc	Cust Type	Customer Name			Remit To	
Line Amount				I/D	Method of Receipt	Description									

Prepared By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____

<i>The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.</i>			
Approved By: _____	Title: _____	Date: _____	Phone #: _____